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I Am Navy Medicine: Lisa Fournier

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When I graduated from the University of Kentucky, College of Pharmacy, I thought, “This is it!” Finally, the exams, case studies and drug literature reviews were over. I had reached the end of a long and hard journey.

Now, 28 years later, I look back at that moment and realize that was just the beginning. When a patient asks me a pharmaceutical question, the answer I give is more important than a grade I received in college. A case study influenced by patient care or a drug literature review has the potential to prevent a negative patient outcome. I should have been celebrating the beginning of an adventure rather than the end of college.

Like most new pharmacists, my first days were humbling. I had more questions than answers and more fear of making a mistake than confidence in my ability. How was I supposed to remember everything I had ever learned? How could I ensure success? Then, I remembered something from my very first day of pharmacy school. The speaker that day said, “take care of your patients and they will take care of your career.” That moment, my world changed and my pharmaceutical adventure was underway.



I spent the first couple of years learning everything I could about pharmacies. I worked full-time at a retail pharmacy while moonlighting at a cardiac care hospital. I spent my “off” weekends working as a consultant pharmacist for a nursing home. Still, my patients needed me to learn more. In 1990, I was commissioned as an Air Force pharmacy officer. In support of Desert Storm, I learned to manage people and supplies, but most of all; I learned how important my role as a pharmacist was to our country’s most important patients — our military and their families. Upon separating from the Air Force, I assumed the role as pharmacy director and professor at the University of South Alabama Medical Center. I taught “pharmacy math” to medical residents and chemistry to general students, but I learned more than I taught. I learned how to meet the lifelong pharmaceutical needs of transplant patients and how to control pain in a burn unit. I learned that sometimes my patient’s family needed me more than the patient when their child was undergoing cancer treatments. Most of all, I learned that my job was less about what great things I could do and more about what the patient needed me to do.

After Hurricane Katrina forced my family to relocate to Pensacola, I once again had the opportunity to serve military patients at Naval Hospital Pensacola (NHP). The primary care services were reorganizing into Medical Homeport Teams, and I was tasked with embedding pharmacists in the new primary care model. This is where my adventure changed from a comfortable trip down a lazy river to a thrill-a-

minute roller coaster ride.

In 2009, when NHP embedded our first pharmacists in Family Medicine, we faced many challenges. Once again, the pharmacists spent as much time learning as teaching. We learned how to use AHLTA, coding and how to work “inside” the healthcare team. We taught providers and the support staff about the services we could provide. That first year, we asked more questions than we answered and believed that if we did the right thing for the patient, the rest of it would fall into place.

It has only been six years since pharmacists were embedded in the NHP Medical Homeport Teams, but we are light-years from where we started. Today, pharmacists manage both chronic illnesses and self-limiting acute care conditions such as seasonal allergies and common colds. They provide point-of-care testing for patients who need anticoagulation therapy monitoring and are an integral part of the pain management program. The Medical Homeport’s ability to shift workload to the embedded pharmacists has improved access to care, the quality of care and patient and provider satisfaction.

As much as pharmacy has changed over the years, the foundation of pharmacy practice remains the same. While the pharmacists have assumed the title of “pharmacist provider” and independently managing many conditions, the pharmacist’s most important role is still being the patient’s medication expert.

I’m Lisa Fournier. I am Navy Medicine.

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